

(001. 1)			(001. 2) (001. 0)			OWINE LIVITY			SWALL LIVITI			
Claims Remaining After Amd.		Previo	usly	Present Extra		Rate	Additional Fee		Rate	Ad	ditional Fee	
* 55	Minus	**	55	0		Х9	\$		X18	\$	0.00	
* 6	Minus	***	6	0		X42	\$		X84	\$	0.00	
First Presentation of Multiple Dependent Claim(s)							\$		+280	\$		
* If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.							\$	Ad	Total dd. Fee	\$	0.00	
	Claims Remaining After Amd. * 55 * 6 First Prese Dependen e entry in Col. e "0" in Col. 3.	Claims Remaining After Amd. * 55 Minus * 6 Minus First Presentation Dependent Claim(e entry in Col. 1 is less e "0" in Col. 3.	Claims Remaining After Amd. * 55 Minus * 6 Minus *** First Presentation of Multiple entry in Col. 1 is less than the entry in Col. 3.	Claims Remaining After Amd. * 55 Minus ** 55 * 6 Minus *** 6 First Presentation of Multiple Dependent Claim(s) e entry in Col. 1 is less than the entry lie of the color of	Claims Remaining After Amd. * 55 Minus ** 55 0 * 6 Minus *** 6 0 First Presentation of Multiple Dependent Claim(s) e entry in Col. 1 is less than the entry In Col. 2,	Claims Remaining After Amd. * 55 Minus ** 55 Minus ** 6 Minus *** 6 Minus *** 6 More and a mor	Claims Remaining After Amd. * 55 Minus * 55 Minus ** 6 Minus ** 75 Minus ** 75 Minus ** 75 Minus ** 8 Minus ** 8 Minus ** 9 Minus ** 10 Minus	Claims Remaining After Amd. * 55 Minus ** 55 0 * 6 Minus *** 6 0 First Presentation of Multiple Dependent Claim(s) e entry in Col. 1 is less than the entry ln Col. 2, e "0" in Col. 3. Highest No. Present Extra Additional Rate Fee X9 \$ X42 \$ +140 \$ Total Add. Fee	Claims Remaining After Amd. * 55 Minus ** 55 0 * 6 Minus *** 6 0 First Presentation of Multiple Dependent Claim(s) e entry in Col. 1 is less than the entry In Col. 2, e "0" in Col. 3. Highest No. Present Extra Additional Rate Fee X9 \$ X42 \$ +140 \$ Add. Fee	Claims Remaining After Amd. * 55 Minus ** 55 0 X18 * 6 Minus *** 6 0 X42 \$ X84 First Presentation of Multiple Dependent Claim(s) * entry in Col. 3. * Total Add. Fee	Claims Remaining After Amd. * 55 Minus ** 55 0 * 6 Minus *** 6 0 First Presentation of Multiple Dependent Claim(s) e entry in Col. 1 is less than the entry ln Col. 2, e "0" in Col. 3. Highest No. Present Extra Additional Rate Fee X9 \$ X18 \$ X84 \$ +140 \$ Total Add. Fee \$ Total Add. Fee \$	

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

	A check in the amount of \$	is attached for presentation of additional claim(s).
X		sion of Time of on month(s) pursuant to
	37 C.F.R. § 1.136(a).	
X	A check for \$ 110.00 is attached for	
	Please charge my Deposit Account No. 02-	2666 the amount of \$
	A duplicate copy of this sheet is enclose	
X	The Under Secretary of Commerce for Intel	lectual Property and Director of the United States
	Patent and Trademark Office is hereby auth	norized to charge payment of the following fees
	associated with this communication or credi	it any overpayment to Deposit Account No. 02-2666
	(a duplicate copy of this sheet is enclose	ed):
	X Any additional filing fees require	ed under 37 C.F.R. § 1.16 for presentation of
	extra claims.	·
	X Any extension or petition fees u	inder 37 C.F.R. § 1.17.
		BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP
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